



# STATE OF RHODE ISLAND

## BOARD OF EXAMINERS OF LANDSCAPE ARCHITECTS

1 Capitol Hill, 3rd Fl.  
Providence, RI 02908

Phone: (401) 222-2565 Fax: (401) 222-5744

[www.bdp.state.ri.us](http://www.bdp.state.ri.us)

COA RENEWAL/AMENDED APPL.

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## Certificate of Authorization (COA) R.I. GEN. LAWS §5-51-13

**Corporations and partnerships.** --- (a) A corporation or partnership may not be licensed as registered to practice landscape architecture or to use any form of the title "landscape architect" in connection with the corporate or partnership company name unless authorized by this chapter.

(b)(1) The right to engage in the practice of landscape architecture is a personal right, based upon the qualifications of the individual evidenced by his or her license and is not transferable.

(2) No person shall practice landscape architecture, or use the title "landscape architect", or any title, sign, card, or device to indicate that this person is practicing landscape architecture, or is a landscape architect, unless that person has secured from the board a license in the provided manner.

(3) All final drawings, specifications, plans, reports, or other papers or documents involving the practice of landscape architecture, as defined in §5-51-1, for use in this state shall be dated, and bear the signature and seal of the landscape architect or landscape architects who prepared or personally supervised their preparation.

(c) The practice or offer to practice landscape architecture as defined by this chapter by a corporation, partnership, or sole proprietorship, (hereafter "the firm"), through one or more landscape architects license under the provisions of this chapter, is permitted provided, that those licensed landscape architect(s) are in direct control of the practice; exercise personal supervision of all personnel who act on behalf of the firm in professional and technical matters; and are registered under the provisions of this chapter; and, provided further, that the firm has been issued a certificate of authorization by the board of examiners of landscape architects.

(d)(1) Within one year after enactment of this chapter, every firm must obtain a certificate of authorization from the board, and those individuals in direct control of the practice, and who exercise direct supervision of all personnel who act on behalf of the firm in professional and technical matters must be registered with the board.

(2) The certificate of authorization is issued by the board upon satisfaction of the provisions of this chapter and the payment of the required fee. This fee is waived if the firm consists of only one person who is the person in responsible charge.

(e)(1) Every firm desiring a certificate of authorization must file with the board an application on a form provided by the board. Every certificate of authorization is valid for a period of two (2) years and expires on the last day of June of each even numbered year following its issuance.

(2) A separate form provided by the board is to be filed with each renewal of the certificate of authorization. In addition, each firm shall complete a renewal form within thirty (30) days of the time any information previously filed with the board has changed, is no longer true or valid or has been revised for any reason.

(3) If, in its judgment, the information contained on the application and renewal form is satisfactory and complete, the board issues a certificate of authorization for the firm to practice landscape architecture in this state.



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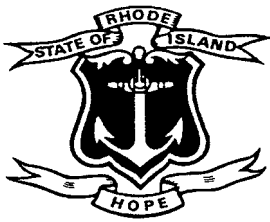
## CERTIFICATE OF AUTHORIZATION RENEWAL/AMENDED APPLICATION

### INSTRUCTIONS FOR CORPORATIONS

1. Complete the Certificate of Authorization (COA) renewal application, **have it notarized**, and mail it to the Board with the \$100. renewal fee. There is no fee to add or change a person in responsible charge. **If you are the only employee in your firm, you are exempt from the fee.**
  2. **A copy of a current Certificate of Good Standing must accompany your application and renewal fee. You may obtain this form from the Office of the RI Secretary of State or phone at (401) 222-3040.**
  3. After review and acceptance of renewal application, you will be sent a renewal letter and sticker to be placed on your wall certificate.
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### INSTRUCTIONS FOR PARTNERSHIPS, and SOLE PROPRIETORSHIPS

1. Complete the Certificate of Authorization (COA) renewal application, **have it notarized**, and mail to the Board with the \$100. renewal fee. **If you are the only employee in your firm, you are exempt from the fee.**
2. After review and acceptance of the renewal application, you will be sent a renewal letter and a sticker to be placed on your wall certificate.



COA# \_\_\_\_\_  
Check # \_\_\_\_\_

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Name under which services will be offered.

Name: \_\_\_\_\_ Attn: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Renewal Fee: \$100.**  
**Penalty Fee: \$25.**

(Make check payable to: Treasurer State of RI)

**RENEWAL DUE DATE: 6/30.**

- ☐ Corporation  
☐ Sole Proprietorship  
☐ Partnership

List all Rhode Island licensed landscape architects in responsible charge who act on behalf on the firm.

I acknowledge that I must notify this Board in the event that I should terminate my employment and/or position of landscape architect in responsible charge. I further acknowledge that in the event that such a termination of responsibility occur, that I must notify this board, in writing, within seven (7) days of the date of such termination and that otherwise, this Board shall be authorized to hold me responsible for any and all work performed by this firm. I hereby certify that I am familiar with and agree to comply with the Rhode Island laws and regulations governing the practice for which I am licensed.

<u>Name</u>	<u>RI Lic. No.</u>	<u>Signature</u>
_____	_____	_____
_____	_____	_____

Are you listed on any other COA's? \_\_\_\_\_

If you are the only employee in your firm, you are exempt from the fee if you complete this section.

"I hereby certify that I have no employees and that I am the sole Rhode Island licensed landscape architect of the firm and the individual in responsible charge."

Signature: \_\_\_\_\_

Number of employees including self. \_\_\_\_\_

1. Have you or any partner, officer, majority shareholder or member of the Board of Directors, been convicted of or entered into a plea bargain as to any offense which involves, fraud, professional negligence, moral turpitude or are any such charges now pending? If yes, for each such offense, state the nature of the charge, the State in which the charge was brought and the person or persons convicted or has entered into a plea. If any charges are pending, please briefly explain. Yes \_\_\_\_\_ No \_\_\_\_\_

2. Has any partner, majority shareholder or member of the Board of Directors, or any registered landscape architect employed by the firm, had his or her license to practice landscape architecture revoked or suspended in any State? If yes, state the name of such person, their address, and the nature and State of such revocation or suspension. Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you read/understood the provisions of R.I. Gen. Laws Title 5, Chap. 51 as amended? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have you read/understood the Rules of the Board adopted by the Board. Yes \_\_\_\_\_ No \_\_\_\_\_

I am aware that the Certificate of Authorization may be revoked if any agent, employee, director or officer of the corporation violates or causes to be violated any provisions of those laws or regulations governing the practice of landscape architecture in RI.

Signed: (Corporate Officer) \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Before me personally appeared the signer of the above, who acknowledged to be the authorized individual, executed this application for the purposes stated. In witness thereof: Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

County and State \_\_\_\_\_

Signed (Notary Public) \_\_\_\_\_

Date Commission Expires \_\_\_\_\_

Notary Seal \_\_\_\_\_